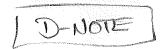


State of Misconsin 2007 - 2008 LEGISLATURE



LRB-0892/1 JK:wlj:nMm² Stays

and tobacco products

DOA:.....Easton, BB0175 - Increase excise tax rate on cigarette sales

FOR 2007-09 BUDGET -- NOT READY FOR INTRODUCTION

in 12-6-06

LPS: Please fix request sheet.

AN ACT ...; relating to: the budget.

INSERT AZ

(NSERT A)

(NOTE)

Analysis by the Legislative Reference Bureau

TAXATION

OTHER TAXATION

This bill increases the rate of the excise tax imposed on the sale of cigarettes from 77 cents per pack to \$2000 per pack.

For further information see the **state** fiscal estimate, which will be printed as an appendix to this bill.

WSERT 1-2

1

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

- **Section 1.** 139.31 (1) (a) of the statutes is amended to read:
- 3 139.31 (1) (a) On cigarettes weighing not more than 3 pounds per thousand,
- 4 38.5 mills on each cigarette.
- 5 Section 2. 139.31 (1) (b) of the statutes is amended to read:
- 6 139.31 (1) (b) On cigarettes weighing more than 3 pounds per thousand, 77
- 7 mills on each cigarette.

(INGERT 1-7

LRB-0892/1 JK:wlj:nwn

SECTION 9441

AND TOBACCO PRODUCTS

SECTION 9441. Effective dates; Revenue.

sections

139.455 139.76(1)

(1) CIGARETTE TAX RATE. The treatment of section 139.31 (1) (a) and (b) of the

p64

statutes takes effect on July 1, 2007, or on the day after publication, whichever is

and

later.

139.865

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(2)

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(END)

D-NOTE 1

2007-2008 Drafting Insert FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT A2 ✓ HEALTH AND HUMAN SERVICES

✓ MEDICAL ASSISTANCE

administers

Under current federal and state law, medical assistance (MA) is a jointly funded, federal-state program that is administered by DHFS to provide healthcare services to eligible individuals with very low incomes and few assets; the state share of MA is paid from a combination of general purpose revenues, program revenues from hospital assessments, and segregated funds under the MA trust fund. Under a waiver of federal medicaid laws from the federal department of health and human services, DHFS also administers under MA the Badger Care Health Care Program (Badger Care). Badger Care provides health care coverage to certain low-income families and to certain low-income children who do not reside with a parent.

This bill establishes a health care quality trust fund, from moneys obtained from an increase in cigarette and other tobacco products taxes. Under the bill, moneys from the health care quality trust fund are used as another source of funding for MA and for Badger Care.

Public assistance

Currently, DHFS reimburses pharmacists and pharmacies for prescription drugs purchased by elderly persons enrolled in a program of prescription drug assistance (Senior Care). Senior Care provides payments under the program from general purpose revenues, rebate payments made by prescription drug manufacturers, and federal funds.

This bill establishes a health care quality trust fund, from moneys obtained from an increase in cigarette and other tobacco products taxes. Under the bill, moneys from the health care quality trust fund are used as another source of funding for payments made under Senior Care.

INSERT 1-2

- **SECTION** 20.435 (4) (bc) of the statutes is amended to read: 1
- 2 20.435 (4) (bc) Badger Care health care program; general purpose revenue. As
- a continuing appropriation, the amounts in the schedule for a portion of the Badger 3
- 4 Care health care program under s. 49.665.

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History: 1971 c. 125 ss. 138 to 155, 522 (1); 1971 c. 211, 215, 302, 307, 322; 1973 c. 90, 198, 243; 1973 c. 284 s. 32; 1973 c. 308, 321, 322, 333, 336; 1975 c. 39 ss. 153 to 173, 732 (1), (2); 1975 c. 41 s. 52; 1975 c. 82, 224, 292; 1975 c. 413 s. 18; 1975 c. 422, 423; 1975 c. 430 ss. 1, 2, 80; 1977 c. 29 ss. 236 to 273, 1657 (18); 1977 c. 112; 1977 c. 203 s. 106; 1977 c. 213, 233, 327; 1977 c. 354 s. 101; 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 1989 a. 56 ss. 13, 259; 1989 a. 107; 1989 a. 107; ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 199, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 69, 89, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961i, 19126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

reflected in the revised schedule in s. 20.005, stats.

SECTION 20.435 (4) (bm) of the statutes is amended to read:

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20.435 **(4)** (bm) Medical Assistance, food stamps, and Badger Care administration; contract costs, insurer reports, and resource centers. Biennially, the amounts in the schedule to provide a portion of the state share of administrative contract costs for the Medical Assistance program under s. 49.45, the food stamp program under s. 49.79, and the Badger Care health care program under s. 49.665 and to provide the state share of administrative contract costs for the food stamp program under s. 49.79, other than payments to counties and tribal governing bodies under s. 49.78 (8), to develop and implement a registry of recipient immunizations, to reimburse insurers for their costs under s. 49.475, for costs associated with outreach activities, and for services of resource centers under s. 46.283. No state positions may be funded in the department of health and family services from this appropriation, except positions for the performance of duties under a contract in effect before January 1, 1987, related to the administration of the Medical Assistance program between the subunit of the department primarily responsible for administering the Medical Assistance program and another subunit of the department. Total administrative funding authorized for the program under s. 49.665 may not exceed 10% of the amounts budgeted under pars. (bc), (p), and (x).

203 s. 106, 1977 c. 213, 233, 327, 1977 c. 354 s. 101, 1977 c. 359; 1977 c. 418 ss. 129 to 137, 924 (18) (d), 929 (55); 1977 c. 428 s. 115; 1977 c. 447; 1979 c. 32 s. 92 (11); 1979 c. 34, 48; 1979 c. 102 s. 237; 1979 c. 111, 175, 177; 1979 c. 221 ss. 118g to 133, 2202 (20); 1979 c. 238, 300, 331, 361; 1981 c. 20 ss. 301 to 356b, 2202 (20) (b), (d), (g); 1981 c. 93 ss. 3 to 8, 186; 1981 c. 298, 314, 317, 359, 390; 1983 a. 27 ss. 318 to 410, 2202 (20); 1983 a. 192, 199, 245; 1983 a. 333 s. 6; 1983 a. 363, 398, 410, 427; 1983 a. 435 ss. 2, 3, 7; 1983 a. 538; 1985 a. 24, 29, 56, 73, 120, 154, 176, 255, 281, 285, 332; 1987 a. 27, 339, 368, 398, 399, 402; 1987 a. 403 ss. 25, 256; 1987 a. 413; 1989 a. 31, 53; 435, 82, 7, 7, 1963 a. 336, 1963 a. 24, 29, 36, 75, 120, 134, 176, 235, 261, 263, 327, 1967 a. 27, 339, 366, 399, 402, 1967 a. 443, 1968 a. 136, 88, 12, 259, 1989 a. 102; 1989 a. 102; 1989 a. 107 ss. 11, 13, 17 to 37; 1989 a. 120, 122, 173, 1999, 202, 318, 336, 359; 1991 a. 6, 39, 189, 269, 275, 290, 315, 322; 1993 a. 16, 27, 76, 98, 99, 168, 183, 377, 437, 445, 446, 450, 469, 479, 490, 491; 1995 a. 27 ss. 806 to 961r, 9126 (19); 1995 a. 77, 98; 1995 a. 216 ss. 26, 27; 1995 a. 266, 276, 289, 303, 404, 417, 440, 448, 464, 468; 1997 a. 27 ss. 211, 214, 216, 217, 527 to 609; 1997 a. 35, 105, 231, 237, 280, 293; 1999 a. 5, 9, 32, 52, 84, 103, 109, 113, 133, 185, 186; 2001 a. 16, 69, 103, 105; 2003 a. 33, 139, 186, 318, 320, 326, 327; 2005 a. 15, 22; 2005 a. 25 ss. 299 to 331, 2498 to 2500, 2510; 2005 a. 74, 107, 199, 228, 264, 388, 406, 434.

SECTION: 20.435 (4) (xd) of the statutes is created to read:

20.435 (4) (xd) Health care qualify fund; Medical Assistance and Badger Care benefits. From the health care quality fund, as a continuing appropriation, the amounts in the schedule to provide a portion of the state share of Medical Assistance

1	program benefits administered under s. 49.45 and to provide a portion of the costs		
2	of benefits under the Badger Care healthcare program under s. 49.665.		
	****NOTE: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.		
3	SECTION 4. 20.435 (4) (xe) of the statutes is created to read:		
4	20.435 (4) (xe) Health care quality fund; administration. From the health care		
5	quality fund, as a continuing appropriation, the amounts in the schedule to provide		
6	a portion of the state share of administrative contract costs for the Medical		
7	Assistance program under s. 49.45.		
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.		
8	SECTION 5. 20.435 (4) (xh) of the statutes is created to read:		
9	20.435 (4) (xh) Health care quality fund; prescription drug assistance; benefits.		
10	From the health care quality fund, as a continuing appropriation, the amounts in the		
11	schedule for payment to pharmacies and pharmacists under s. 49.688 (7) for		
12	prescription drug assistance for elderly persons.		
	****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.		
13	SECTION 6. 20.435 (4) (xi) of the statutes is created to read:		
14	20.435 (4) (xi) Health care quality fund; prescription drug assistance;		
15	administration. From the health care quality fund, as a continuing appropriation,		
16	the amounts in the schedule for administration of the program for prescription drug		
17	assistance for elderly persons under s. 49.688 (7).√		
	****NOTE: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.		
18	SECTION 7. $25.17 (1) (gd)$ of the statutes is created to read:		
19	25.17 (1) (gd) Health care quality fund (s. 25.772);		
20	Section 8. 25.772 of the statutes is created to read:		

25.772 Health care quality fund. There is established a separate nonlapsible trust fund designated as the health care quality fund, to consist of amount of the

SECTION 9. 46.27 (9) (a) of the statutes is amended to read:

46.27 (9) (a) The department may select up to 5 counties that volunteer to participate in a pilot project under which they will receive certain funds allocated for long-term care. The department shall allocate a level of funds to these counties equal to the amount that would otherwise be paid under s. 20.435 (4) (b), (gp), or (w), or (xd) to nursing homes for providing care because of increased utilization of nursing home services, as estimated by the department. In estimating these levels, the department shall exclude any increased utilization of services provided by state centers for the developmentally disabled. The department shall calculate these amounts on a calendar year basis under sub. (10).

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 239; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13, 27, 39, 79, 237; 1999 a. 9, 63; 2001 a. 16, 103; 2003 a. 33; 2005 a. 22, 25, 264, 386, 387.

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SECTION 10. 46.27 (10) (a) 1. of the statutes is amended to read:

46.27 (10) (a) 1. The department shall determine for each county participating in the pilot project under sub. (9) a funding level of state medical assistance expenditures to be received by the county. This level shall equal the amount that the department determines would otherwise be paid under s. 20.435 (4) (b), (gp), or (w), or (xd), or because of increased utilization of nursing home services, as estimated by the department.

History: 1981 c. 20; 1983 a. 27; 1983 a. 189 s. 329 (5); 1983 a. 192, 289; 1985 a. 29 ss. 876s to 896am, 3200 (56); 1985 a. 120, 176; 1987 a. 27, 399; 1989 a. 31, 77, 336, 359; 1991 a. 32, 39, 235, 274; 1993 a. 16, 27, 437; 1995 a. 27; 1997 a. 13 27, 39, 79, 237; 1999 a. 9, 63; 2001 a. 16, 103; 2003 a. 33; 2005 a. 22, 25, 264, 386, 387.

SECTION 11. 46.275 (5) (a) of the statutes is amended to read:

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46.275 (5) (a) Medical Assistance reimbursement for services a county, or the department under sub. (3r), provides under this program is available from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd). If 2 or more counties jointly contract to provide services under this program and the department approves the contract, Medical Assistance reimbursement is also available for services provided jointly by these counties.

History: 1983 a. 27; 1985 a. 29 ss. 896b to 896L, 3202 (23); 1985 a. #20, 176; 1987 a. 27; 1987 a. 161 s. 13m; 1987 a. 186; 1989 a. 31; 1993 a. 16; 1995 a. 27, 77; 1997 a. 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33, 318; 2005 a. 25, 264.

SECTION 12. 46.275 (5) (c) of the statutes is amended to read:

46.275 (5) (c) The total allocation under s. 20.435 (4) (b), (gp), (o), and (w), and (xd) to counties and to the department under sub. (3r) for services provided under this section may not exceed the amount approved by the federal department of health and human services. A county may use funds received under this section only to provide services to persons who meet the requirements under sub. (4) and may not use unexpended funds received under this section to serve other developmentally disabled persons residing in the county.

History: 1983 a. 27; 1985 a. 29 ss. 896b to 896L, 3202 (23); 1985 a. 120, 176; 1987 a. 27; 1987 a. 161 s. 13m; 1987 a. 186; 1989 a. 31; 1993 a. 16; 1995 a. 27, 77; 1997 a. 27, 114; 1999 a. 9; 2001 a. 16; 2003 a. 33, 318; 2005 a. 25, 264.

SECTION 13. 46.278 (6) (d) of the statutes is amended to read:

46.278 (6) (d) If a county makes available nonfederal funds equal to the state share of service costs under a waiver received under sub. (3), the department may, from the appropriation under s. 20.435 (4) (o), provide reimbursement for services that the county provides under this section to persons who are in addition to those who may be served under this section with funds from the appropriation account under s. 20.435 (4) (b) er, (w), or (xd).

History: 1987 a. 27, 186; 1989 a. 31; 1991 a. 269; 1993 a. 16; 1995 a. 4; 1997 a. 27; 1999 a. 9; 2001 a. 16; 2003 a. 33.

SECTION 14. 46.2785 (5) (a) of the statutes is amended to read:

1	46.2785 (5) (a) Medical assistance reimbursement for services a county or
2	private agency contracts for or provides under the waiver program shall be made
3	from the appropriation accounts under s. 20.435 (4) (b) and, (o), and (xd).
4	History: 2005 a. 25. SECTION 15. 46.283 (5) of the statutes is amended to read:
5	46.283 (5) Funding. From the appropriation accounts under s. 20.435 (4) (b),
6	(bm), (gp), (pa), and (w), and (xd) and (7) (b), (bd), and (md), the department may
7	contract with organizations that meet standards under sub. (3) for performance of
8	the duties under sub. (4) and shall distribute funds for services provided by resource
9	centers.
10	History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 25, 254, 264, 586, 388. SECTION 16. 46.284 (5) (a) of the statutes is amended to read:
11	46.284 (5) (a) From the appropriation accounts under s. 20.435 (4) (b), (g), (gp),
12	(im), (o), and (w), and (xd) and (7) (b) and (bd), the department shall provide funding
13	on a capitated payment basis for the provision of services under this section.
14	Notwithstanding s. 46.036 (3) and (5m), a care management organization that is
15	under contract with the department may expend the funds, consistent with this
16	section, including providing payment, on a capitated basis, to providers of services
17	under the family care benefit.
18	History: 1999 a. 9; 2001 a. 16, 103; 2003 a. 33; 2005 a. 264, 386. SECTION 17. 49.45 (2) (a) 17. of the statutes is amended to read:
19	49.45 (2) (a) 17. Notify the governor, the joint committee on legislative
20	organization, the joint committee on finance and appropriate standing committees,
21	as determined by the presiding officer of each house, if the appropriation accounts
22	under s. 20.435 (4) (b) and, (gp), and (xd) are insufficient to provide the state share
23	of medical assistance.

854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1197 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441. **Section 18.** 49.45 (5m) (am) of the statutes is amended to read:

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49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute not more than \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that, as determined by the department, have high utilization of inpatient services by patients whose care is provided from governmental sources, and to provide supplemental funds to critical access hospitals, except that the department may not distribute funds to a rural hospital or to a critical access hospital to the

1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

SECTION 19. 49.45 (6m) (ag) (intro.) of the statutes is amended to read:

extent that the distribution would exceed any limitation under 42 USC 1396b (i) (3).

49.45 (6m) (ag) (intro.) Payment for care provided in a facility under this subsection made under s. 20.435 (4) (b), (gp), (o), (pa), or (w), or (xd) shall, except as provided in pars. (bg), (bm), and (br), be determined according to a prospective payment system updated annually by the department. The payment system shall implement standards that are necessary and proper for providing patient care and that meet quality and safety standards established under subch. II of ch. 50 and ch. 150. The payment system shall reflect all of the following:

NOTE: NOTE: Par. (ag) is shown as affected by 2 acts of the 2005 Wisconsin legislature and as merged by the revisor under s. 13.93 (2) (c).NOTE:

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 78 ss. 98p to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 13 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 135; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441 (19), 2003 a. 2005 a. 200

49.45 (6v) (b) The department shall, each year, submit to the joint committee on finance a report for the previous fiscal year, except for the 1997–98 fiscal year, that provides information on the utilization of beds by recipients of medical assistance in facilities and a discussion and detailed projection of the likely balances, expenditures, encumbrances and carry over of currently appropriated amounts in the appropriation accounts under s. 20.435 (4) (b), (gp), and (o), and (xd).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 898r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441

SECTION 21. 49.45 (6x) (a) of the statutes is amended to read:

49.45 (**6x**) (a) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute not more than \$4,748,000 in each fiscal year, to provide funds to an essential access city hospital, except that the department may not allocate funds to an essential access city hospital to the extent that the allocation would exceed any limitation under 42 USC 1396b (i) (3).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1987 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to

SECTION 22. 49.45 (6y) (a) of the statutes is amended to read:

49.45 **(6y)** (a) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute funding in each fiscal year to provide supplemental payment to hospitals that enter into a contract under s. 49.02 (2) to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC

1 1396b (i) (3). If no relief block grant is awarded under this chapter or if the allocation 2 of funds to such hospitals would exceed any limitation under 42 USC 1396b (i) (3), 3 the department may distribute funds to hospitals that have not entered into a 4 contract under s. 49.02 (2).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

SECTION 23. 49.45 (6y) (am) of the statutes is amended to read:

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49.45 (**6y**) (am) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (h), (gp), (o), and (w), and (xd), the department shall distribute funding in each fiscal year to provide supplemental payments to hospitals that enter into contracts under s. 49.02 (2) with a county having a population of 500,000 or more to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

SECTION 24. 49.45 (6z) (a) (intro.) of the statutes is amended to read:

49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute funding in each fiscal year to supplement payment for services to hospitals that enter into a contract under s. 49.02 (2) to provide health care services funded by a relief block grant under this chapter, if the department determines that the hospitals serve a disproportionate number of low-income patients with special needs. If no medical relief block grant under this chapter is awarded or if the

allocation of funds to such hospitals would exceed any limitation under 42 USC 1 1396b (i) (3), the department may distribute funds to hospitals that have not entered 2 into a contract under s. 49.02 (2). The department may not distribute funds under 3 this subsection to the extent that the distribution would do any of the following: 4

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 341.

SECTION 25. 49.45 (8) (b) of the statutes is amended to read:

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49.45 (8) (b) Reimbursement under s. 20.435 (4) (b), (gp), (o), and (w), and (xd) for home health services provided by a certified home health agency or independent nurse shall be made at the home health agency's or nurse's usual and customary fee per patient care visit, subject to a maximum allowable fee per patient care visit that is established under par. (c).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i, 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 18, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441.

SECTION 26. 49.45 (24m) (intro.) of the statutes is amended to read:

49.45 (24m) (intro.) From the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), in order to test the feasibility of instituting a system of reimbursement for providers of home health care and personal care services for medical assistance recipients that is based on competitive bidding, the department shall:

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269, 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 112, 163, 212, 240, 269, 353, 350, 451, 440, 405, 1993 a. 26, 1993 a. 27, 1993

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Beginning on January 1, 2003, the PAYMENT ADJUSTMENTS. 49.45 (52) department may, from the appropriation account under s. 20.435 (7) (b), make Medical Assistance payment adjustments to county departments under s. 46.215, 46.22, 46.23, or 51.42, or 51.437 or to local health departments, as defined in s. 250.01 (4), as appropriate, for covered services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L., Lm., and m., 9., 12., 12m., 13., 15., and 16. Payment adjustments under this subsection shall include the state share of the payments. The total of any payment adjustments under this subsection and Medical Assistance payments made from appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd) may not exceed applicable limitations on payments under 42 USC 1396a (a) (30)(A).

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 28; 19/3 c. 224 ss. 54n, 50 to 55m; 19/3 c. 383 s. 4; 19/3 c. 411; 19/7 c. 29, 416, 19/9 c. 54 ss. 6371 to 538, 2102 (20) (a); 1981 c. 93, 217; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1197 a. 3, 13, 27, 114, 175, 191, 237, 252, 293; 1999 a. 9, 63, 103, 180, 185; 2001 a. 13, 16, 35, 38, 57, 67, 104, 109; 2003 a. 33, 318, 321; 2005 a. 22; 2005 a. 25 ss. 1120 to 1149f, 2503 to 2510; 2005 a. 107, 165, 253, 254, 264, 301, 340, 386, 441)

SECTION 28. 49.472 (6) (a) of the statutes is amended to read:

49.472 (6) (a) Notwithstanding sub. (4) (a) 3., from the appropriation account under s. 20.435 (4) (b), (gp), or (w), or (xd), the department shall, on the part of an individual who is eligible for medical assistance under sub. (3), pay premiums for or purchase individual coverage offered by the individual's employer if the department determines that paying the premiums for or purchasing the coverage will not be more costly than providing medical assistance.

History: 1999 a. 9, 185; 2001 a. 16; 2003 a. 33. SECTION 29. 49.472 (6) (b) of the statutes is amended to read: 19

If federal financial participation is available, from the 49.472 **(6)** (b) appropriation account under s. 20.435 (4) (b), (gp), or (w), or (xd), the department may pay medicare Part A and Part B premiums for individuals who are eligible for medicare and for medical assistance under sub. (3).

3 History: 1999 a. 9, 185; 2001 a. 16; 2003 a. 33. SECTION 30. 49.473 (5) of the statutes is amended to read:

49.473 (5) The department shall audit and pay, from the appropriation accounts under s. 20.435 (4) (b), (gp), and (o), and (xd), allowable charges to a provider who is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who meets the requirements under sub. (2) for all benefits and services specified under s. 49.46 (2).

History: 2001 a. 16, 104; 2003 a. 33. **SECTION 31.** 49.665 (4) (at) 1. a. of the statutes is amended to read:

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49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall establish a lower maximum income level for the initial eligibility determination if funding under s. 20.435 (4) (bc), (jz), (p), and (x), and (xd) is insufficient to accommodate the projected enrollment levels for the health care program under this section. The adjustment may not be greater than necessary to ensure sufficient funding.

History: 1997 a. 27, 237; 1999 a. 9; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25. SECTION 32. 49.665 (4) (at) 1. cm. of the statutes is amended to read:

49.665 (4) (at) 1. cm. Notwithstanding s. 20.001 (3) (b), if, after reviewing the plan submitted under subd. 1. b., the joint committee on finance determines that the amounts appropriated under s. 20.435 (4) (bc), (jz), (p), and (x), and (xd) are insufficient to accommodate the projected enrollment levels, the committee may transfer appropriated moneys from the general purpose revenue appropriation account of any state agency, as defined in s. 20.001 (1), other than a sum sufficient appropriation account, to the appropriation account under s. 20.435 (4) (bc) to supplement the health care program under this section if the committee finds that

1 the transfer will eliminate unnecessary duplication of functions, result in more efficient and effective methods for performing programs, or more effectively carry out legislative intent, and that legislative intent will not be changed by the transfer. 3

History: 1997 a. 27, 237; 1999 a. 9; 2001 a. 16, 109; 2003 a. 33; 2005 a. 25

SECTION 33. 49.665 (4) (at) 2. of the statutes is amended to read:

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49.665 (4) (at) 2. If, after the department has established a lower maximum income level under subd. 1., projections indicate that funding under s. 20.435 (4) (bc), (iz), (p), and (x), and (xd) is sufficient to raise the level, the department shall, by state plan amendment, raise the maximum income level for initial eligibility, but not to exceed 185% of the poverty line.

History: 1997 a. 27, 237; 1999 a. 9; 2001 a. 16, 109; 2003 a. 33; 200 a. 25.

SECTION 34. 49.688 (7) (a) of the statutes is amended to read:

49.688 (7) (a) Except as provided in par. (b), from the appropriation accounts under s. 20.435 (4) (bv), (j), and (pg), and (xh), beginning on September 1, 2002, the department shall, under a schedule that is identical to that used by the department for payment of pharmacy provider claims under medical assistance, provide to pharmacies and pharmacists payments for prescription drugs sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have paid the deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not required to pay a deductible. The payment for each prescription drug under this paragraph shall be at the program payment rate, minus any copayment paid by the person under sub. (5) (a) 2. or 4., and plus, if applicable, incentive payments that are similar to those provided under s. 49.45 (8v). The department shall devise and distribute a claim form for use by pharmacies and pharmacists under this paragraph and may limit payment under this paragraph to those prescription drugs for which payment claims are submitted by pharmacists or pharmacies directly to the department. The department may apply to the program under this section the same utilization and cost control procedures that apply under rules promulgated by the department to medical assistance under subch. IV of ch. 49.

History: 2001 a. 16, 109; 2003 a. 33. **SECTION 35.** 49.688 (7) (b) of the statutes is amended to read:

49.688 (7) (b) During any period in which funding under s. 20.435 (4) (bv) and, (pg), and (xh) is completely expended for the payments specified in par. (a), the requirements of par. (a) and subs. (3) (c), (5), and (6) (a) and (b) do not apply to drugs purchased during that period, but the department shall continue to accept applications and determine eligibility under sub. (4) and shall indicate to applicants that the eligibility of program participants to purchase prescription drugs as specified in sub. (3), under the requirements of sub. (5), is conditioned on the availability of funding under s. 20.435 (4) (bv) and, (pg), and (xh).

History: 2001 a. 16, 109; 2003 a. 33.

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2007-2008 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

Insert A1

The bill also increases the rate of the excise tax imposed on the sale of tobacco products from 25 percent of the manufacturer's list price to distributors to 65 percent of the manufacturer's list price to distributors.

Insert 1-7

SECTION 139.455 of the statutes is created to read:

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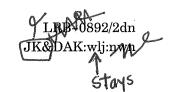
139.455 Revenue distribution. From the taxes collected under this subchapter, the department shall deposit an amount equal to 25 mills on cigarettes weighing not more than 3 pounds per thousand and 50 mills on cigarettes weighing more than 3 pounds per thousand into the health care quality fund.

SECTION 139.76 (1) of the statutes is amended to read:

139.76 (1) An excise tax is imposed upon the sale, offering or exposing for sale, possession with intent to sell or removal for consumption or sale or other disposition for any purpose of tobacco products by any person engaged as a distributor of them at the rate of 25% 42 percent of the manufacturer's established list price to distributors without diminution by volume or other discounts on domestic products. On products imported from another country the rate of tax is 25% 42 percent of the amount obtained by adding the manufacturer's list price to the federal tax, duties and transportation costs to the United States. The tax attaches at the time the tobacco products are received by the distributor in this state. The tax shall be passed on to the ultimate consumer of the tobacco products. All tobacco products received in this state for sale or distribution within this state, except tobacco products actually sold as provided in sub. (2), shall be subject to such tax.

1	139.78 (1) A tax is imposed upon the use or storage by consumers of tobacco
2	products in this state at the rate of 25% 42 percent of the cost of the tobacco products.
3	The tax does not apply if the tax imposed by s. $139.76(1)$ on the tobacco products has
4	been paid or if the tobacco products are exempt from the tobacco products tax under
5	s. 139.76 (2). ## CR 3 139.865 History: 1981 c. 20; 1985 a. 332; 1987 a. 312 s. 17; 1991 a. 39; 1997 a. 27; 2001 a. 16. 139.865 Revenue distribution. The department shall deposit 40.5 percent
7	of the amount of the taxes collected under this subchapter into the health care
8	quality fund.

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU



To Jim Johnston and Michelle Pink:

- 1. Please review my inclusion of reference to s. 20.435 (4) (xd) as a funding source for MA and Badger Care benefits in numerous statutes in this draft; is this your intent? Note that I did not include this reference in ss. 46.279 (4n), 46.485 (2g) (intro.) and (3r), 49.45 (51) (a), or 79.02 (3) (c) 3. or (e), stats.; is this your intent?
- 2. Do you want to include Badger Care administrative costs in s. 20.435 (4) (xe)?
- 3. Please review my inclusion of reference to s. 20.435 (4) (xh) as a funding source for Senior Care benefits in s. 49.688 (7) (a) and (b), stats.; is this your intent?

Debora A. Kennedy Managing Attorney Phone: (608) 266-0137

E-mail: debora.kennedy@legis.wisconsin.gov

DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-0892/2dn DAK:wlj:rs

December 13, 2006

To Jim Johnston and Michelle Pink:

- 1. Please review my inclusion of reference to s. 20.435 (4) (xd) as a funding source for MA and Badger Care benefits in numerous statutes in this draft; is this your intent? Note that I did not include this reference in s. 46.279 (4n), 46.485 (2g) (intro.) and (3r), 49.45 (51) (a), or 79.02 (3) (c) 3. or (e), stats.; is this your intent?
- 2. Do you want to include Badger Care administrative costs in s. 20.435 (4) (xe)?
- 3. Please review my inclusion of reference to s. 20.435 (4) (xh) as a funding source for Senior Care benefits in s. 49.688 (7) (a) and (b), stats.; is this your intent?

Debora A. Kennedy Managing Attorney Phone: (608) 266-0137

 $E-mail:\ debora. kennedy@legis. wis consin.gov$

Kreye, Joseph

From:

Easton, Darren - DOA

Sent:

Tuesday, January 09, 2007 12:09 PM

To:

Kreye, Joseph

Subject:

FW: LRB Draft: 07-0892/1 Increase excise tax rate on cigarette sales

Attachments: 07-0892/1

Hello again Joe,

Please set the tax on cigarettes to 88.5 mills per cigarette and to 177 mills on cigarettes more than 3 pounds per thousand.

Also, increase the tax on tobacco other products to [139.76(1)] 57.5%.

Darren

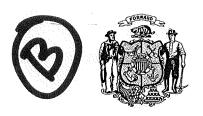
From: Natzke, Noah [mailto:Noah.Natzke@legis.wisconsin.gov]

Sent: Monday, November 27, 2006 4:57 PM

To: Easton, Darren - DOA

Cc: Koskinen, John - DOA; Hanaman, Cathlene; Palchik, Laurie A - DOA **Subject:** LRB Draft: 07-0892/1 Increase excise tax rate on cigarette sales

Following is the PDF version of draft 07-0892/1.

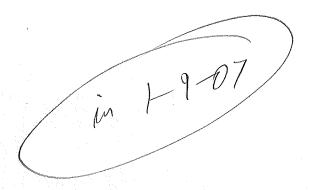


State of Misconsin 2007 - 2008 LEGISLATURE

LRB-0892/2
JK&DAK:wlj:rs

DOA:.....Easton, BB0175 – Increase excise tax rate on cigarette and tobacco products sales

FOR 2007-09 BUDGET -- NOT READY FOR INTRODUCTION



AN ACT ...; relating to: the budget.

Analysis by the Legislative Reference Bureau TAXATION

OTHER TAXATION

This bill increases the rate of the excise tax imposed on the sale of cigarettes from 77 cents per pack to \$40.25 per pack. The bill also increases the rate of the excise tax imposed on the sale of tobacco products from 25 percent of the manufacturer's list price to distributors to 65 percent of the manufacturer's list price to distributors.

HEALTH AND HUMAN SERVICES

MEDICAL ASSISTANCE

Under current federal and state law, Medical Assistance (MA) is a jointly funded, federal-state program that DHFS administers to provide health care services to eligible individuals with very low incomes and few assets; the state share of MA is paid from a combination of general purpose revenues, program revenues from hospital assessments, and segregated funds under the MA trust fund. Under a waiver of federal Medicaid laws from the federal Department of Health and Human Services, DHFS also administers under MA the Badger Care Health Care Program (BadgerCare). BadgerCare provides health care coverage to certain low-income families and to certain low-income children who do not reside with a parent.

This bill establishes a health care quality trust fund, from moneys obtained from an increase in cigarette and other tobacco products taxes. Under the bill,

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moneys from the health care quality trust fund are used as another source of funding for MA and for Badger Care.

PUBLIC ASSISTANCE

Currently, DHFS reimburses pharmacists and pharmacies for prescription drugs purchased by elderly persons who are enrolled in a program of prescription drug assistance (Senior Care). Senior Care provides payments under the program from general purpose revenues, rebate payments made by prescription drug manufacturers, and federal funds.

This bill establishes a health care quality trust fund, from moneys obtained from an increase in cigarette and other tobacco products taxes. Under the bill, moneys from the health care quality trust fund are used as another source of funding for payments made under Senior Care.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 20.435 (4) (bc) of the statutes is amended to read:

20.435 (4) (bc) Badger Care health care program; general purpose revenue. As a continuing appropriation, the amounts in the schedule for a portion of the Badger Care health care program under s. 49.665.

****NOTE: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

Section 2. 20.435 (4) (bm) of the statutes is amended to read:

20.435 (4) (bm) Medical Assistance, food stamps, and Badger Care administration; contract costs, insurer reports, and resource centers. Biennially, the amounts in the schedule to provide a portion of the state share of administrative contract costs for the Medical Assistance program under s. 49.45, the food stamp program under s. 49.79, and the Badger Care health care program under s. 49.665 and to provide the state share of administrative contract costs for the food stamp program under s. 49.79, other than payments to counties and tribal governing bodies under s. 49.78 (8), to develop and implement a registry of recipient immunizations,

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to reimburse insurers for their costs under s. 49.475, for costs associated with outreach activities, and for services of resource centers under s. 46.283. No state positions may be funded in the department of health and family services from this appropriation, except positions for the performance of duties under a contract in effect before January 1, 1987, related to the administration of the Medical Assistance program between the subunit of the department primarily responsible for administering the Medical Assistance program and another subunit of the department. Total administrative funding authorized for the program under s. 49.665 may not exceed 10% of the amounts budgeted under pars. (bc), (p), and (x).

SECTION 3. 20.435 (4) (xd) of the statutes is created to read:

20.435 (4) (xd) Health care quality fund; Medical Assistance and Badger Care benefits. From the health care quality fund, as a continuing appropriation, the amounts in the schedule to provide a portion of the state share of Medical Assistance program benefits administered under s. 49.45 and to provide a portion of the costs of benefits under the Badger Care health care program under s. 49.665.

****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

Section 4. 20.435 (4) (xe) of the statutes is created to read:

20.435 (4) (xe) Health care quality fund; administration. From the health care quality fund, as a continuing appropriation, the amounts in the schedule to provide a portion of the state share of administrative contract costs for the Medical Assistance program under s. 49.45.

****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats.

Section 5. 20.435 (4) (xh) of the statutes is created to read:

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SECTION 5

20.435 (4) (xh) Health care quality fund; prescription drug assistance; benefits. From the health care quality fund, as a continuing appropriation, the amounts in the schedule for payment to pharmacies and pharmacists under s. 49.688 (7) for prescription drug assistance for elderly persons. ****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats. **Section 6.** 20.435 (4) (xi) of the statutes is created to read: Health care quality fund; prescription drug assistance; 20.435 (4) (xi) administration. From the health care quality fund, as a continuing appropriation, the amounts in the schedule for administration of the program for prescription drug assistance for elderly persons under s. 49.688 (7). ****Note: This Section involves a change in an appropriation that must be reflected in the revised schedule in s. 20.005, stats. **Section 7.** 25.17 (1) (gd) of the statutes is created to read: 25.17 (1) (gd) Health care quality fund (s. 25.772); **Section 8.** 25.772 of the statutes is created to read: **Health care quality fund.** There is established a separate 25.772 nonlapsible trust fund designated as the health care quality fund, to consist of the amount of the taxes collected under subchs. II and III of ch. 139 as determined under ss. 139.455 and 139.865. **SECTION 9.** 46.27 (9) (a) of the statutes is amended to read: 46.27 (9) (a) The department may select up to 5 counties that volunteer to participate in a pilot project under which they will receive certain funds allocated for long-term care. The department shall allocate a level of funds to these counties

equal to the amount that would otherwise be paid under s. 20.435 (4) (b), (gp), or (w),

or (xd) to nursing homes for providing care because of increased utilization of nursing

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home services, as estimated by the department. In estimating these levels, the department shall exclude any increased utilization of services provided by state centers for the developmentally disabled. The department shall calculate these amounts on a calendar year basis under sub. (10).

Section 10. 46.27 (10) (a) 1. of the statutes is amended to read:

46.27 (10) (a) 1. The department shall determine for each county participating in the pilot project under sub. (9) a funding level of state medical assistance expenditures to be received by the county. This level shall equal the amount that the department determines would otherwise be paid under s. 20.435 (4) (b), (gp), er (w), or (xd), or because of increased utilization of nursing home services, as estimated by the department.

Section 11. 46.275 (5) (a) of the statutes is amended to read:

46.275 (5) (a) Medical Assistance reimbursement for services a county, or the department under sub. (3r), provides under this program is available from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd). If 2 or more counties jointly contract to provide services under this program and the department approves the contract, Medical Assistance reimbursement is also available for services provided jointly by these counties.

Section 12. 46.275 (5) (c) of the statutes is amended to read:

46.275 (5) (c) The total allocation under s. 20.435 (4) (b), (gp), (o), and (w), and (xd) to counties and to the department under sub. (3r) for services provided under this section may not exceed the amount approved by the federal department of health and human services. A county may use funds received under this section only to provide services to persons who meet the requirements under sub. (4) and may not

Section 12

use unexpended funds received under this section to serve other developmental	ly
disabled persons residing in the county.	

SECTION 13. 46.278 (6) (d) of the statutes is amended to read:

46.278 (6) (d) If a county makes available nonfederal funds equal to the state share of service costs under a waiver received under sub. (3), the department may, from the appropriation under s. 20.435 (4) (o), provide reimbursement for services that the county provides under this section to persons who are in addition to those who may be served under this section with funds from the appropriation account under s. 20.435 (4) (b) er, (w), or (xd).

SECTION 14. 46.2785 (5) (a) of the statutes is amended to read:

46.2785 (5) (a) Medical assistance reimbursement for services a county or private agency contracts for or provides under the waiver program shall be made from the appropriation accounts under s. 20.435 (4) (b) and, (o), and (xd).

Section 15. 46.283 (5) of the statutes is amended to read:

46.283 (5) Funding. From the appropriation accounts under s. 20.435 (4) (b), (bm), (gp), (pa), and (w), and (xd) and (7) (b), (bd), and (md), the department may contract with organizations that meet standards under sub. (3) for performance of the duties under sub. (4) and shall distribute funds for services provided by resource centers.

Section 16. 46.284 (5) (a) of the statutes is amended to read:

46.284 (5) (a) From the appropriation accounts under s. 20.435 (4) (b), (g), (gp), (im), (o), and (w), and (xd) and (7) (b) and (bd), the department shall provide funding on a capitated payment basis for the provision of services under this section. Notwithstanding s. 46.036 (3) and (5m), a care management organization that is under contract with the department may expend the funds, consistent with this

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section, including providing payment, on a capitated basis, to providers of services under the family care benefit.

SECTION 17. 49.45 (2) (a) 17. of the statutes is amended to read:

49.45 (2) (a) 17. Notify the governor, the joint committee on legislative organization, the joint committee on finance and appropriate standing committees, as determined by the presiding officer of each house, if the appropriation accounts under s. 20.435 (4) (b) and, (gp), and (xd) are insufficient to provide the state share of medical assistance.

SECTION 18. 49.45 (5m) (am) of the statutes is amended to read:

49.45 (5m) (am) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute not more than \$2,256,000 in each fiscal year, to provide supplemental funds to rural hospitals that, as determined by the department, have high utilization of inpatient services by patients whose care is provided from governmental sources, and to provide supplemental funds to critical access hospitals, except that the department may not distribute funds to a rural hospital or to a critical access hospital to the extent that the distribution would exceed any limitation under 42 USC 1396b (i) (3).

SECTION 19. 49.45 (6m) (ag) (intro.) of the statutes is amended to read:

49.45 **(6m)** (ag) (intro.) Payment for care provided in a facility under this subsection made under s. 20.435 (4) (b), (gp), (o), (pa), or (w), or (xd) shall, except as provided in pars. (bg), (bm), and (br), be determined according to a prospective payment system updated annually by the department. The payment system shall implement standards that are necessary and proper for providing patient care and that meet quality and safety standards established under subch. II of ch. 50 and ch. 150. The payment system shall reflect all of the following:

SECTION 20. 49.45 (6v) (b) of the statutes is amended to read:

49.45 (**6v**) (b) The department shall, each year, submit to the joint committee on finance a report for the previous fiscal year, except for the 1997–98 fiscal year, that provides information on the utilization of beds by recipients of medical assistance in facilities and a discussion and detailed projection of the likely balances, expenditures, encumbrances and carry over of currently appropriated amounts in the appropriation accounts under s. 20.435 (4) (b), (gp), and (o), and (xd).

SECTION 21. 49.45 (6x) (a) of the statutes is amended to read:

49.45 (**6x**) (a) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute not more than \$4,748,000 in each fiscal year, to provide funds to an essential access city hospital, except that the department may not allocate funds to an essential access city hospital to the extent that the allocation would exceed any limitation under 42 USC 1396b (i) (3).

Section 22. 49.45 (6y) (a) of the statutes is amended to read:

49.45 (**6y**) (a) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute funding in each fiscal year to provide supplemental payment to hospitals that enter into a contract under s. 49.02 (2) to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3). If no relief block grant is awarded under this chapter or if the allocation of funds to such hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department may distribute funds to hospitals that have not entered into a contract under s. 49.02 (2).

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SECTION 23. 49.45 (6y) (am) of the statutes is amended to read:

49.45 (**6y**) (am) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (h), (gp), (o), and (w), and (xd), the department shall distribute funding in each fiscal year to provide supplemental payments to hospitals that enter into contracts under s. 49.02 (2) with a county having a population of 500,000 or more to provide health care services funded by a relief block grant, as determined by the department, for hospital services that are not in excess of the hospitals' customary charges for the services, as limited under 42 USC 1396b (i) (3).

SECTION 24. 49.45 (6z) (a) (intro.) of the statutes is amended to read:

49.45 (6z) (a) (intro.) Notwithstanding sub. (3) (e), from the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), the department shall distribute funding in each fiscal year to supplement payment for services to hospitals that enter into a contract under s. 49.02 (2) to provide health care services funded by a relief block grant under this chapter, if the department determines that the hospitals serve a disproportionate number of low-income patients with special needs. If no medical relief block grant under this chapter is awarded or if the allocation of funds to such hospitals would exceed any limitation under 42 USC 1396b (i) (3), the department may distribute funds to hospitals that have not entered into a contract under s. 49.02 (2). The department may not distribute funds under this subsection to the extent that the distribution would do any of the following:

SECTION 25. 49.45 (8) (b) of the statutes is amended to read:

49.45 (8) (b) Reimbursement under s. 20.435 (4) (b), (gp), (o), and (w), and (xd) for home health services provided by a certified home health agency or independent nurse shall be made at the home health agency's or nurse's usual and customary fee

per patient care visit, subject to a maximum allowable fee per patient care visit that is established under par. (c).

Section 26. 49.45 (24m) (intro.) of the statutes is amended to read:

49.45 (24m) (intro.) From the appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd), in order to test the feasibility of instituting a system of reimbursement for providers of home health care and personal care services for medical assistance recipients that is based on competitive bidding, the department shall:

Section 27. 49.45 (52) of the statutes is amended to read:

49.45 (52) Payment adjustments. Beginning on January 1, 2003, the department may, from the appropriation account under s. 20.435 (7) (b), make Medical Assistance payment adjustments to county departments under s. 46.215, 46.22, 46.23, or 51.42, or 51.437 or to local health departments, as defined in s. 250.01 (4), as appropriate, for covered services under s. 49.46 (2) (a) 2. and 4. d. and f. and (b) 6. b., c., f., fm., g., j., k., L., Lm., and m., 9., 12., 12m., 13., 15., and 16. Payment adjustments under this subsection shall include the state share of the payments. The total of any payment adjustments under this subsection and Medical Assistance payments made from appropriation accounts under s. 20.435 (4) (b), (gp), (o), and (w), and (xd) may not exceed applicable limitations on payments under 42 USC 1396a (a) (30) (A).

Section 28. 49.472 (6) (a) of the statutes is amended to read:

49.472 **(6)** (a) Notwithstanding sub. (4) (a) 3., from the appropriation account under s. 20.435 (4) (b), (gp), er (w), or (xd), the department shall, on the part of an individual who is eligible for medical assistance under sub. (3), pay premiums for or purchase individual coverage offered by the individual's employer if the department

determines that paying the premiums for or purchasing the coverage will not be more costly than providing medical assistance.

SECTION 29. 49.472 (6) (b) of the statutes is amended to read:

49.472 **(6)** (b) If federal financial participation is available, from the appropriation account under s. 20.435 (4) (b), (gp), or (w), or (xd), the department may pay medicare Part A and Part B premiums for individuals who are eligible for medicare and for medical assistance under sub. (3).

Section 30. 49.473 (5) of the statutes is amended to read:

49.473 (5) The department shall audit and pay, from the appropriation accounts under s. 20.435 (4) (b), (gp), and (o), and (xd), allowable charges to a provider who is certified under s. 49.45 (2) (a) 11. for medical assistance on behalf of a woman who meets the requirements under sub. (2) for all benefits and services specified under s. 49.46 (2).

SECTION 31. 49.665 (4) (at) 1. a. of the statutes is amended to read:

49.665 (4) (at) 1. a. Except as provided in subd. 1. b., the department shall establish a lower maximum income level for the initial eligibility determination if funding under s. 20.435 (4) (bc), (jz), (p), and (x), and (xd) is insufficient to accommodate the projected enrollment levels for the health care program under this section. The adjustment may not be greater than necessary to ensure sufficient funding.

Section 32. 49.665 (4) (at) 1. cm. of the statutes is amended to read:

49.665 (4) (at) 1. cm. Notwithstanding s. 20.001 (3) (b), if, after reviewing the plan submitted under subd. 1. b., the joint committee on finance determines that the amounts appropriated under s. 20.435 (4) (bc), (jz), (p), and (x), and (xd) are insufficient to accommodate the projected enrollment levels, the committee may

transfer appropriated moneys from the general purpose revenue appropriation account of any state agency, as defined in s. 20.001 (1), other than a sum sufficient appropriation account, to the appropriation account under s. 20.435 (4) (bc) to supplement the health care program under this section if the committee finds that the transfer will eliminate unnecessary duplication of functions, result in more efficient and effective methods for performing programs, or more effectively carry out legislative intent, and that legislative intent will not be changed by the transfer.

Section 33. 49.665 (4) (at) 2. of the statutes is amended to read:

49.665 (4) (at) 2. If, after the department has established a lower maximum income level under subd. 1., projections indicate that funding under s. 20.435 (4) (bc), (jz), (p), and (x), and (xd) is sufficient to raise the level, the department shall, by state plan amendment, raise the maximum income level for initial eligibility, but not to exceed 185% of the poverty line.

Section 34. 49.688 (7) (a) of the statutes is amended to read:

49.688 (7) (a) Except as provided in par. (b), from the appropriation accounts under s. 20.435 (4) (bv), (j), and (pg), and (xh), beginning on September 1, 2002, the department shall, under a schedule that is identical to that used by the department for payment of pharmacy provider claims under medical assistance, provide to pharmacies and pharmacists payments for prescription drugs sold by the pharmacies or pharmacists to persons eligible under sub. (2) who have paid the deductible specified under sub. (3) (b) 1. or 2. or who, under sub. (3) (b) 1., are not required to pay a deductible. The payment for each prescription drug under this paragraph shall be at the program payment rate, minus any copayment paid by the person under sub. (5) (a) 2. or 4., and plus, if applicable, incentive payments that are similar to those provided under s. 49.45 (8v). The department shall devise and

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distribute a claim form for use by pharmacies and pharmacists under this paragraph and may limit payment under this paragraph to those prescription drugs for which payment claims are submitted by pharmacists or pharmacies directly to the department. The department may apply to the program under this section the same utilization and cost control procedures that apply under rules promulgated by the department to medical assistance under subch. IV of ch. 49.

SECTION 35. 49.688 (7) (b) of the statutes is amended to read:

49.688 (7) (b) During any period in which funding under s. 20.435 (4) (bv) and, (pg), and (xh) is completely expended for the payments specified in par. (a), the requirements of par. (a) and subs. (3) (c), (5), and (6) (a) and (b) do not apply to drugs purchased during that period, but the department shall continue to accept applications and determine eligibility under sub. (4) and shall indicate to applicants that the eligibility of program participants to purchase prescription drugs as specified in sub. (3), under the requirements of sub. (5), is conditioned on the availability of funding under s. 20.435 (4) (bv) and, (pg), and (xh).

Section 36. 139.31 (1) (a) of the statutes is amended to read:

139.31 (1) (a) On cigarettes weighing not more than 3 pounds per thousand, 38.5 (63.5) mills on each cigarette.

SECTION 37. 139.31 (1) (b) of the statutes is amended to read:

139.31 (1) (b) On cigarettes weighing more than 3 pounds per thousand, 77 mills on each cigarette.

Section 38. 139.455 of the statutes is created to read:

139.455 Revenue distribution. From the taxes collected under this subchapter, the department shall deposit an amount equal to 25 mills on cigarettes

weighing not more than 3 pounds per thousand and 50 mills on cigarettes weighing more than 3 pounds per thousand into the health care quality fund.

Section 39. 139.76 (1) of the statutes is amended to read:

139.76 (1) An excise tax is imposed upon the sale, offering or exposing for sale, possession with intent to sell or removal for consumption or sale or other disposition for any purpose of tobacco products by any person engaged as a distributor of them at the rate of 25% 42 percent of the manufacturer's established list price to distributors without diminution by volume or other discounts on domestic products. On products imported from another country the rate of tax is 25% 42 percent of the amount obtained by adding the manufacturer's list price to the federal tax, duties and transportation costs to the United States. The tax attaches at the time the tobacco products are received by the distributor in this state. The tax shall be passed on to the ultimate consumer of the tobacco products. All tobacco products received in this state for sale or distribution within this state, except tobacco products actually sold as provided in sub. (2), shall be subject to such tax.

Section 40. 139.78 (1) of the statutes is amended to read:

139.78 (1) A tax is imposed upon the use or storage by consumers of tobacco products in this state at the rate of 25% 42 percent of the cost of the tobacco products. The tax does not apply if the tax imposed by s. 139.76 (1) on the tobacco products has been paid or if the tobacco products are exempt from the tobacco products tax under s. 139.76 (2).

Section 41. 139.865 of the statutes is created to read:

139.865 Revenue distribution. The department shall deposit 40.5 percent of the amount of the taxes collected under this subchapter into the health care quality fund.

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SECTION	9441.	Effective	dates	Revenue.
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ŧ	(1) CIGARETTE AND TOBACCO PRODUCTS TAX RATES. The treatment of sections
	139.31 (1) (a) and (b), 139.455, 139.76 (1), 139.78 (1), and 139.865 of the statutes
	takes effect on July 1, 2007, or on the day after publication, whichever is later.

(END)